



MENTAL HEALTH OVERSIGHT ADVISORY COUNCIL (MHOAC)

*MISSION: PARTNERS IN PLANNING FOR STABLE FAMILIES
AND A RECOVERY-BASED MENTAL HEALTH SYSTEM THROUGHOUT MONTANA*

Jim FitzGerald, Chair

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Ms. Barbara Orlando
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OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

Dear Ms. Orlando:

Writing this letter is not as pleasing to me as in years past as Chair of the Council. For the past six (6) years or so Montana has been blessed with development of new initiatives, enhanced program planning, and the ability to sustain models that work. Montana is now beginning to experience the effects of the nationwide economic recession and although the State has not had to make major budget cuts, programs that were scheduled for implementation in 2010 have had to be set aside or put on hold for a time. It is expected that the FY 2012-2014 budget year will be a difficult time.

The Montana Mental Health Oversight Advisory Council (MHOAC) is trying to be respectful of budget concerns and will continue to adhere to the philosophy that mental health care must be consumer and family driven and also be cognizant of SAMHSA's new 10 Strategic Initiatives and how the Montana system can benefit; however, we have had to change how we operate in order to cut costs. The Council will maintain no less than 50% consumer-family representation; there is a need to reduce membership through attrition if over the 50% threshold and by reducing the number of meetings held to cut costs. As in the past, a consumer and family driven focus is accomplished by appointment of eligible individuals and representatives from consumer run or advocacy groups, including Local Advisory Councils and Service Area Authorities for the adult system of care and System of Care for the children's system. Compliance with federal and state statute and geographically represented will bring the membership down from 30+ members to 26 members.

Representation by "families of children with serious emotional disturbance to other members sufficient to provide adequate representation of such children," and expanded

participation by children's mental health organizations continues to be reviewed and strived for. The Council has become more balanced and representative of the 'cradle to grave' philosophy over the past few years – we plan to continue. The leadership will remain stable for the next couple of years, providing continuity and stability in the membership and proposed future agenda.

The Block Grant not only serves as the State Mental Health Plan for the Addictive and Mental Disorders Division it is also a roadmap for service delivery and evaluation for the Division of Addictive and Mental Disorders and the Council. The Department of Public Health and Human Services has experienced some organizational changes. The Children's Mental Health Bureau has moved from the Health Resource Division to the Disability Services Division. The move was initiated to provide improved continuity of care for youth with disabilities. The reorganization has been beneficial through the appointment of an Administrator who comes from the education system and has worked on policy for children/youth with disabilities in the system. The Council now has high-quality representation for the adult and children's mental health systems; and we are encouraged by Lou Thompson's and Bob Runkel's active participation on the Council. The Council will continue to strive for commitment and collaboration for adult and children's systems, despite the administrative separation of adult and children's mental health bureaus.

The Council is getting closer to realizing their participation in information gathering and analysis of data/information and how they may use the information they receive to participate more fully in the role of planning and also oversight without overextending the role of the Council. We will continue to request consistent and specialized data sets "to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State". The data and information will provide the Council with the necessary tools to accomplish the federal duties of the Council.

The Council is dedicated to outcome based activities and recommendations, and is feeling confident in exercising its statutory privileges to request the department provide the Legislative Finance Committee and other appropriate Legislative Interim Committees, (Interim Committees on Children, Families, Health and Human Services, and Law and Justice), the Department's rationale for not accepting or implementing recommendations by the Council. The Council has received full respect and cooperation from the Department. With the reduction in the number of meetings, the Council will need to be diligent in communicating recommendations to the Department and subsequent responses to Legislative Committees. The Council will capsule and use priorities from the 2010 Summit to provide clear and concise recommendations and desired direction for program development or preservation.

The 2010 Legislative Focus Summit recommendations support the Goals and Indicators of the 2011 State Mental Health Plan/Community Block Grant Application. (*Included under Section IV Planning Council Charge, Role and Activities*)

As noted above, the Council continues to work towards effective relationship building, representation, and participation between the Children's Mental Health Bureau and the Addictive and Mental Disorders Division. We believe the new leadership in the Disability Services Division will strengthen the relationship and make collaboration more effective as we make recommendations to the Department. The cooperation is evidenced through the Transitions Taskforce which looks at the major developmental crossroads in the life span where a person's support needs and service requirements are likely to change. The taskforce is starting to get their 'feet wet' and is beginning to examine the transition needs of the youth with a mental health service needs moving into the adult world of support services and personal responsibility. This task force will also address other transition needs, including children's transitions inside the school and treatment systems, and the transitions that occur as a result of the consumer's involvement with the law and justice system and the Department of Corrections.

MHOAC will incorporate the identical goals related to transitions in the Block Grant under the Child and Adult Plans – so that they speak to one another. This is an issue that must be addressed in a longitudinal manner and through coordinated promising practices.

In an effort to coordinate the transitions process for youth, the Department of Public Health and Human Services, has created a Disability Transitions Program Office under the Department of Public Health and Human Services. At this time the MHOAC does not have a clear picture of how this will improve the lives or impact families and youth. The Governor's Taskforce on Transitions an exemplary model of collaboration through intra- and inter-agency partnerships, in part as a result of no dedicated funding, was not operative during 2009. However, as a result of partnerships formed through the Governor's Taskforce, and the commitment to prevail in the area of transitions, the 2009 Legislature appropriated funding for a Montana Youth Transitions Project and a Disabilities Transitions Coordinator contracted and supported through the Montana Youth Leadership Forum (MYLF). MYLF is a long-standing venue for youth to gain life-time independent living and employment skills. The Transitions Taskforce has committed to partner with the Transitions Project, through member participation, and will invite the Project Coordinator to participate in the Transitions Taskforce as an ad hoc/expert member.

You will see updates to initiatives passed during the 2009 Legislative Session that will not be able to be fully implemented or in the case of the transportation initiative stop before started. The crisis intervention and jail diversion legislation highlights of the 2009 Legislative Session had to be reduced – further explanations are provided in *New Developments and Issues*.

August 22, 2008

The Council will be meeting in October prior to the 2011 Legislative Session to review priorities and continue dialogue with the Department.

We will continue working towards transformation of the mental health system in collaboration with the Department of Public Health and Human Services. It is our plan to exercise our role and responsibility for review and oversight of the mental health system. We look forward to hearing from SAMHSA more on their plans in relation to the 10 Strategic Initiatives, potential changes to scope of Community Mental Health Block Grant and how the Council will continue to be an active partner in the process of improving the delivery of mental health services to youth and adults. The 2011 Mental Health Block Grant will provide you some new information but will also reiterate the historical perspective that demonstrates how the system continues to make changes step by step in a continuing effort to improve mental health care for all the citizens of Montana.

Thank you once again for this opportunity to submit this grant.

Sincerely,



Jim FitzGerald, Chair

Montana Mental Health Oversight Advisory Council